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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/475,945
Filing Date	(NOT Available)
First Named Inventor	Potega, Patrick H.
Group Art Unit	CADT Available)
Examiner Name	(NOT Available)
Attorney Docket Number	1092-106.05

To: Assistant Commissioner for Patents Washington, DC 20231								
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
The reasons for this request are:								
Client, Mr. Patrick H. Potega, has outstanding charges, the major portion of which is over fifteen months past due. Client has informed me that there is no expectation of payment in the foreseeable future.								
To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified patent application. The reasons for this request are: Client, Mr. Patrick H. Potega, has outstanding charges, the major portion of which is over fifteen months past due. Client has informed me that there is no expectation of payment in the foreseeable future. Client apparently wishes to conduct the prosecution of his pending cases himself, since he has informed at least one USPTO Examiner that I no longer represent him. Moreover, the primary Patent Attorney, Mr. Colin P. Abrahams, with whom I am associated in handling Client's new and pending patent applications, is also filling a Request For Withdrawal as Attorney or Agent.								
I have made several phone calls to work out an amicable arrangement to continue our business relationship, without success. 1. The correspondence address is NOT affected by this withdrawal.								
2. Change the correspondence address and direct all future correspondence to: 2. Change the correspondence address and direct all future correspondence to:								
CORRESPONDENCE ADDRESS								
Customer Num			Place Customer Number Bar Code Label here					
Firm or								
X Individual Name Don A. Hollingsworth								
Address 22339 Circle J Ranc			h Rđ	ı Rđ				
Address								
City		Santa Clarita	State	CA	ZiP	91350		
Country		US						
Telephone 661 253-3747		Fax	661 25	3-3787	,			
This request is enclosed in triplicate.								
Name	Do	Don A. Hollingsworth / (Reg # 25,631)						
Signature	D	La Nallipevel						
Date	Ju	ne 9, 2001						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.